

## **COMMITTEE ON THE JUDICIARY**

### **SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY**

#### **HEARING, “H.R. 3889, THE METHAMPHETAMINE EPIDEMIC ELIMINATION ACT”**

**September 27, 2005**

#### **STATEMENT OF REP. MARK E. SOUDER**

Chairman Coble, Ranking Member Scott, and Members of the Subcommittee, thank you for inviting me to testify in support of H.R. 3889, the “Methamphetamine Epidemic Elimination Act.” I believe this bipartisan bill is a vital first step in our renewed fight against the scourge of methamphetamine trafficking and abuse, and I hope the Subcommittee and full Committee will support its passage.

I would probably fill my entire five minutes if I tried to thank each of the Members and staff who helped with this legislation, so I will have to mention only a few. First, I’d very much like to thank Chairman Sensenbrenner of the full Committee, and you, Chairman Coble, for cosponsoring the bill and for the assistance your staff provided in putting it together. Next, I’d like to thank Majority Whip Roy Blunt for his cosponsorship; Rep. Mark Kennedy and Rep. Darlene Hooley for providing much of the content of this bill, and for their consistently strong leadership on the House floor on meth issues; and the four co-chairs of the Congressional Meth Caucus, Rep. Rick Larsen, Rep. Ken Calvert, Rep. Leonard Boswell, and Rep. Chris Cannon, for their and their staff’s assistance and support. And to every other Member who has cosponsored the bill, I express my deep appreciation.

I don’t have to tell any of you how serious a threat meth is for our communities; pick up almost any newspaper or magazine these days and you can read about it firsthand. As chairman of the Government Reform Committee’s Subcommittee on Criminal Justice, Drug Policy and Human Resources, I have held ten hearings on the meth epidemic since 2001, not only in Washington, D.C., but in places as diverse as rural Arkansas, Ohio, and Indiana, suburban Minnesota, island Hawaii, and urban Detroit. There are regional and local variations on the problem, of course, but one thing remains constant everywhere: this is a drug almost unique in its combination of cheapness, ease of manufacture, and devastating impact on the user and his or her community.

There are three aspects of the meth epidemic that I believe need to be emphasized as Congress considers this and related legislation. First, meth presents unique challenges to federal, state, and local law enforcement. The small, clandestine meth labs that have spread like wildfire across our nation produce toxic chemical byproducts that endanger officers’ lives, tie up law enforcement resources for hours or even days, and cost tremendous amounts of money to clean up. That, combined with the rise in criminal behavior, child and citizen endangerment, and other effects, have made meth the number

one drug problem for the nation's local law enforcement agencies, according to a study released over the summer by the National Association of Counties, which I'd like to enter into the record.<sup>1</sup>

Second, the damage this drug causes is not confined to the addict alone; it has terrible effects on everyone around the user, particularly children. Another survey by the National Association of Counties found that 40 percent of child welfare agencies reported an increase in "out of home placements because of meth in the past year."<sup>2</sup> This abuse unfortunately includes physical and mental trauma, and even sexual abuse. 69 percent of county social service agencies have indicated that they have had to provide additional, specialized training for their welfare system workers and have had to develop new and special protocols for workers to address the special needs of the children affected by methamphetamine.<sup>3</sup> With your permission, Mr. Chairman, I'd like to introduce the Association's survey into the record, together with the statements of two experts on the impact of meth on children, which were provided to my subcommittee in July. They illustrate how community health and human services, as well as child welfare services such as foster-care, are being overwhelmed as a result of meth.<sup>4</sup>

Finally, the meth threat is not confined to the small, local labs, but extends well beyond our borders to the "super labs" controlled by large, sophisticated Mexican drug trafficking organizations, and the international trade in pseudoephedrine and other precursor chemicals fueling those super labs. Three-quarters or more of our nation's meth supply is controlled by those large organizations, and over half of our meth comes directly from Mexico. With your permission, I'd also like to introduce an excellent group of articles from the *Oregonian* newspaper that detail the international aspects of the meth trade.<sup>5</sup>

Any legislation that tries to deal with the meth threat must address these critical aspects, and we have tried to do that in this legislation. We began the process of drafting the bill several months ago, when Chairman Frank Wolf of the Appropriations Committee's Science-State-Justice-Commerce Subcommittee approached me on the House floor and offered his assistance in passing anti-meth legislation. After meeting with him and nearly twenty other Members who are deeply concerned about the meth epidemic, I asked my subcommittee staff, after consultation with staff for the Meth Caucus Members, as well as the relevant authorizing committees, to assemble a package of proposals that would enjoy strong, bipartisan support. That package ultimately became this bill.

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<sup>1</sup> National Association of Counties (NAoC) survey, "The Criminal Effect of Meth on Communities," July 5, 2005.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Statements of Laura J. Birkmeyer, Chair, National Alliance for Drug Endangered Children, and Director, National Methamphetamine Chemicals Initiative; and Freida S. Baker, MSW, Deputy Director, Family and Children's Services, Alabama State Department of Human Resources; presented to the Subcommittee on Criminal Justice, Drug Policy and Human Resources, July 26, 2005.

<sup>5</sup> "The Mexican Connection," and "Mexico's Math Problem Adds Up to a U.S. Meth Problem," Steve Suo, the *Oregonian*, June 5, 2005.

I've attached a detailed section-by-section analysis to my written statement for your review, so I will briefly mention the highlights of the bill. Among other things, the Act would:

- close a number of loopholes in federal regulation of meth precursor chemicals such as pseudoephedrine, including a per-transaction sales limit; import and manufacturing quotas to ensure no oversupply leads to diversion; and regulation of the wholesale “spot market”;
- require reporting of major meth precursor exporters and importers, and would hold them accountable for their efforts to prevent diversion to meth production;
- toughen federal penalties against meth traffickers and smugglers; and
- apply environmental regulations to those who harm the environment and endanger human health through meth lab operation.

Each of these steps is vital to our success in the fight against meth, and I hope that the Subcommittee and the full Committee will support them.

Finally, I'd like to say a word or two about two key issues not addressed in the bill. First, we did not address the issue of whether pseudoephedrine and similar chemical products should be added to Schedule V of the federal Controlled Substances Act. The Schedule V issue is already dealt with by the Combat Meth Act (H.R. 314 / S. 103), and thus there was no need for us to include it in our legislation. I myself have some concerns about the Schedule V approach, which I believe may have unintended consequences for consumers, retailers, and the health care system. However, I look forward to working with Mr. Blunt and other supporters of that legislation to see if we can forge a workable solution.

Second, we did not include significant new grant programs for state and local agencies to deal with meth, nor did we attempt to amend or revise existing grant programs. I do believe that Congress must address the question of how best to help our beleaguered state and local law enforcement, child welfare, and treatment and prevention agencies deal with this incredibly destructive and expensive drug threat. That issue is very complex, however, and will require extensive review by the authorizing committees before it can be resolved.

Mr. Chairman, every one of us, regardless of where we come from, has a stake in the outcome of this fight. We have to stop the meth epidemic from spreading, and we need to start rolling it back. I believe that H.R. 3889 will be an important step in that process. Thank you again for the opportunity to testify here today, and I would be happy to answer any questions that you and the other Members may have.